CDBG GRANT APPLICATION
Program Year 2010-2011
Social Services Funding Application

Facts in Brief:

❖ Agreements will be effective October 1, 2010

❖ Funds will be available after November 30, 2010.

❖ The application deadline is Friday, March 26, 2010, at 4:00 p.m.

❖ Submit an original and nine (8) 2-sided, three hole-punched copies of your application to:

City of Round Rock
Office of Community Development
301 West Bagdad, Suite 140
Round Rock, Texas 78664

❖ Mandatory application training session will be Friday, March 5, 2010, 10:00 a.m., in the McConico Community Room at 301 West Bagdad.

❖ RSVP for the training session no later than Friday, February 22, 2010.

❖ Only complete applications received by the deadline will be considered for funding. No exceptions will be made.

❖ Staff will review applications submitted by Friday, March 26, 2010 deadline.

❖ If you have additional questions, please call Community Development staff at (512) 341-3328 or e-mail lalvarado@round-rock.tx.us.

FINAL DATE FOR SUBMISSION
Friday, March 26th, 4:00 p.m.

City of Round Rock
FY 2010-2011
Social Services CDBG Funding Application

I. General Information

Agency Name:	
Physical Address:	

City:		**State:**	TX	**Zip Code:**	

Mailing Address:	

City:		**State:**	TX	**Zip Code:**	

Admin. Phone #:	- -	**Intake Phone #:**	- -
Fax #:	- -	**E-mail address:**	

Contact Person:	
Name of Program:	
Dollar amount requested:	
Dollar amount received last year:	

How do you propose to use these funds? (One sentence only)

II. BOARD APPROVAL

Application approved at meeting of Board of Directors on _____ (date)

Signed _____ Board President

Please provide an executive summary of your application, using no more than one page double-spaced, including all of the items listed below:

- Major purposes and goals of your organization
- Number of years of operation in the City of Round Rock
- Programs/projects carried out by your organization, including major sources of funding
- Description of program for which you are requesting funding

III. EXECUTIVE SUMMARY

Enter Agency Name

Please provide an executive summary of your application, using no more than one page double-spaced, including all of the required items. (Name and description of program or activity)

IV. Categories of Service

Check all the appropriate blanks that identify the type(s) of services for which you are requesting City of Round Rock funding (not total programs of your organization).

1. Services that meet basic, emergency human needs

☐ Housing ☐ Health Care ☐ Senior Care ☐ Child Care/Child Education ☐ Homelessness

☐ Emergency Services (Example: food, utility bills, personal safety crisis, etc.)

2. Preventative programs and programs that promote the highest degree of functioning the individual is capable of achieving.

☐ Health ☐ Housing ☐ Education ☐ Sustaining Individuals ☐ Therapy/Counseling

☐ Social Development ☐ Youth Programs

☐ Other:

3. Assistance to other agencies meeting basic human needs

☐ Outreach ☐ Training ☐ Service Coordination ☐ Providing Volunteers

☐ Other (please specify)

a. Above service(s) is/are provided to support:

☐ State and/or Federal Programs ☐ City and/or County Programs ☐ Local Nonprofits

☐ Other:

b. In the areas of:

☐ Health ☐ Food ☐ Homeless services ☐ Housing ☐ Senior Care ☐ Childcare/Child Education

☐ Emergency Services ☐ Other:

4. Requested City of Round Rock funding will target which of the following groups. Check all that apply.

☐ Children ☐ Persons with physical disabilities
☐ Adolescents ☐ Persons with developmental disabilities
☐ Adults ☐ Persons with mental illness
☐ Senior Adults ☐ Persons with chemical dependencies
☐ Families ☐ Single parent families
☐ Homeless ☐ Victims of domestic violence
☐ Other/more specific:

V. Need for Service

1. Describe the community need(s) that your program is designed to address using city/county statistics and citing sources (limit to one-half page).

VI.Capacity

2. What is your program's capacity?

3. Does the program have the capacity to significantly address the need? Please explain.

| ☐ YES | ☐ NO | |

4. Are you the sole provider of this service?

☐ YES	☐ NO

5. If there is a waiting list, what percentage of the list will community providers serve? Please explain.

| ☐ YES | ☐ NO | % | |

6. How long do people remain on the waiting list?

7. What percentage of your waiting list never receives services? Please explain.

| % | |

SERVICE TO LOW-INCOME HOUSEHOLDS:

8. According to last year's year-end beneficiary report, what percentage of your clients met the criteria for low income (65% AMI or below) (See attached Income Guidelines Chart.)	%

OR

If this is a new program, what percentage of the clients that you plan to serve in the grant year (12 months) will meet the criteria for low-income?	%

9. How do you plan to target this population? (50 words or less, double spaced)

10. If your program does not target low-income clients, please explain how your organization meets needs that could not be met if your program did not exist? (100 words or less, double spaced)

11. What National Objective does this program meet?

☐ Low and Moderate Income
☐ Prevention of Slum or Blight
☐ Urgent Need (HUD's definition)

12. Describe briefly how this program meets the National Objective. (50 words or less)

13.   Link an Objective with an Outcome. Select only 1 of the 3 objectives and then chose one outcome linked to the objective. To determine the most appropriate outcome for an activity, ask "What type of change or result am I seeking?"

Objective 1: Suitable Living Environment	☐ Accessibility for the purpose of creating a Suitable Living Environment	☐ Affordability for the purpose of creating a Suitable Living Environment	☐ Sustainability for the purpose of creating a Suitable Living Environment

- Or -

Objective 2: Decent Housing	☐ Accessibility for the purpose of providing Decent Housing	☐ Affordability for the purpose of providing Decent Housing	☐ Sustainability for the purpose of providing Decent Housing

- Or -

Objective 3: Economic Opportunity	☐ Accessibility for the purpose of creating Economic Opportunity	☐ Affordability for the purpose of creating Economic Opportunity	☐ Sustainability for the purpose of creating Economic Opportunity

Indicate the method your agency will use for reporting.

☐ Number of persons assisted with *new* access to service (or continued if refunding)
☐ Number of persons assisted with *improved* access to service (or continued if refunding)
☐ Number of persons that no longer have access to a *substandard* service

VII. Program Design and Implementation

1. How will your program be designed and implemented to have an impact on the need(s) identified in the Need for Service Section (what services, to whom, using what staff and what resources)? (Please limit response to no more than one page double spaced)

2. What percentage of the program's clients will be City of Round Rock residents?

3. Eligibility requirements for beneficiaries (check all that apply and explain):

☐	Income	
☐	Age	
☐	Gender	
☐	Geographic location	
☐	Race/ethnicity	
☐	Other(s)	

4. List other local social service providers with which you coordinate services and explain how your agency coordinates services with each.

VIII. Organizational Characteristics

1. Personnel	**Attach resume, marked attachment 1, of the agency director to the end of the application (2 pages or less).**	
2. Staff	**Number of professional staff:**	
	Number of support staff:	
	List the total number of professional staff in each main classification on your personnel budget form. (e.g. administrators, nurses, social workers, etc.)	
	Please provide a breakdown of the race and ethnicity of your staff using the chart provided below.	
3.Volunteers	**Number of volunteers including Board members:**	
	Average number of volunteers per month:	
	Total volunteer hours per month:	
	Please provide a breakdown of the ethnic make-up of your volunteers using the chart provided below	

IX. Staff

Please provide information on your staff.

Number of Staff	Race	Ethnicity
	Indicate appropriate category	Indicate an appropriate category
	Indicate appropriate category	Indicate an appropriate category

Please provide any necessary explanation.

X. Volunteers

Please provide information on your organizations volunteers.

Number of volunteers	Race	Ethnicity
	Indicate appropriate category	Indicate an appropriate category
	Indicate appropriate category	Indicate an appropriate category

Please provide any necessary explanation.

XI. Policy Making Body

1. List current members of your Board of Directors on the chart below.

Name	Occupation*	City of Residence	Race	Ethnicity
			Indicate appropriate category	Indicate an appropriate category
			Indicate appropriate category	Indicate an appropriate category
			Indicate appropriate category	Indicate an appropriate category
			Indicate appropriate category	Indicate an appropriate category
			Indicate appropriate category	Indicate an appropriate category
			Indicate appropriate category	Indicate an appropriate category
			Indicate appropriate category	Indicate an appropriate category
			Indicate appropriate category	Indicate an appropriate category
			Indicate appropriate category	Indicate an appropriate category
			Indicate appropriate category	Indicate an appropriate category
			Indicate appropriate category	Indicate an appropriate category
			Indicate appropriate category	Indicate an appropriate category
			Indicate appropriate category	Indicate an appropriate category
			Indicate appropriate category	Indicate an appropriate category
			Indicate appropriate category	Indicate an appropriate category
			Indicate appropriate category	Indicate an appropriate category
			Indicate appropriate category	Indicate an appropriate category
			Indicate appropriate category	Indicate an appropriate category
			Indicate appropriate category	Indicate an appropriate category
			Indicate appropriate category	Indicate an appropriate category

*Or former occupation if retired

2. How many board members are/were representative of the service population? (Family member of present or former clients, clients	

themselves, etc.)	
Please explain.	
3. Describe the selection process of your board members, including specific membership requirements. (50 words or less)	
4. How often does the board meet?	

XII. Budget

1. **Complete the attached budget sheets and agency personnel budget form. Complete a brief line-item by line-item narrative.** The budget narrative should include explanations of any significant changes in income or expenses for the proposed budget year from the current year. Please note that you should provide complete information on the current budget and next year's proposed budget.

2. **Income/Revenue Sheet: Indicate funding from all sources on the current year budget and all funding requests you have made or plan to make for next year's budget.** If requested funding has not been approved yet or there are other issues that the reviewers should consider, please include this information in the attached budget narrative.

3. **Expenditures Sheet: Include all expenses for the current year's total budget and all proposed expenses for the next year's budget.**

   Columns A, B, C, and D on the budget sheets ask for total agency revenue and expenditures (not just for the program for which you are requesting funding). Column E is to be used for that part of the agency budget related to the specific program for which you are requesting City of Round Rock funding. Column F is to be used only by those agencies asking for funding for more than one program.

   The "TOTAL" line of Column A on the Expenditures budget sheet must match the "TOTAL" line of Column A on the Income/Revenue sheet. The same is true for Column B, C and D of each of these sheets. The "TOTAL" of the expenditures listed in Column E (or of E and F added together for those agencies asking for funding for more than one program) should match line 1, Column A of the Income/Revenue sheet (City of Round Rock funding, Proposed Agency Budget).

XIII.   Funding Sources

1. What percentage of the funds for the <u>proposed program</u> will be from the City of Round Rock?	Please provide name of program	
	Please provide name of program	
Provide any necessary explanation:		
2. Do City of Round Rock funds assist your agency to receive other funds for the program?		
If yes, please explain:		
3. Will any of the requested City of Round Rock funds be used as matching funds for other agency funding?		
If yes, how much will serve as match and for what funding organization?		
4. What sources of funds can be used to replace city funds in future years? If not funded for 2010-2011, how will you fund the program?		
5. Attach a copy of your most recent audit, marked Attachment 3, to <u>original</u> application.		
6. Attach the summary sheets from your annual audit for the past two years, marked attachment 2, to <u>all 8 copies </u>of your application. If this summary indicates a qualified audit, please submit the response from the policy-making body of your organization to the auditor. These should be copies of the audit summary sheet from the audit firm, on the audit firm's letterhead with their signatures.		

XIV. Capacity Criteria

1. If you have been funded by the City of Round Rock in the past, show statistically that desired outcomes were met. If they were not met, please explain. (100 words or less, double spaced)

Number of Clients	
2. How many persons did you serve during the last contract year in this program? (The last contract year time frame was October 1, 2008 through September 30, 2009)	
3. How many clients do you expect to serve during the current contract year October 2009 through September 2010?	
4. How many clients do you expect to serve during the next contract year October 2010 through September 2011?	

If the number differs significantly please explain.
5. Please complete the attached Social Services Application Annual Beneficiary Report. If this is for a new program, you may complete the projections requested for contract year 2010 through 2011. The information included should be for clients served in the program for which funding is requested.
Social Services Funding Reports
6.Were the following reports completed and submitted on time in the past year?

Quarterly beneficiary reports	
Financial reports	

7. Please explain (50 words or less) if above reports were not submitted on time.

8. New agencies should explain (50 words or less) what procedures you will have in place to ensure proper and timely reports.
9. List each outside agency that monitors or evaluates your agency and indicate how often this occurs (75 words or less).
10. Did your agency have an on-site monitoring visit from outside agencies. Yes☐   No☐
If your agency had a formal monitoring visit from other agencies for fiscal year 2007-2008 or 2008-2009, please attach a copy of the monitoring letter(s). Mark as attachment 4

XV. First Time Applicants Only
If you have applied for Social Service funding before please skip this section and go to the Policy Making Body section.
Please provide <u>one</u> copy of the following as attachments to the original of the application only:
- Articles of incorporation, marked attachment 5   - By-laws, marked attachment 6   - State of Texas corporation certification, marked attachment 7   - Copy of non-profit tax status certification, marked attachment 8

END OF APPLICATION

	Name of Agency	**Social Services Questionnaire Budget Sheet. You want to change the columns to include actual expenditures of a prior year as well as adopted budget.**				
	INCOME / REVENUE					
	Total Agency Revenues				**List how the agency program(s) would use City of Round Rock Social services Funds.**	
	A. Proposed Agency Budget for 2010-2011	B. Current Budget for 2009-2010	C. Adopted Agency Budget for 2008-2009 (as shown in last application)	D. Actual s For 2007-2008	E. Program #1	F. Program #2
City of Round Rock						
Federal Grants						
State Grants						
Local Grants						
United Way						
Other Grants						
Contributions / Gifts						
Special Events						
Program Income						
Other (specify)						
Other (specify)						
Other (specify)						
Other (specify)						
Other (specify)						
TOTAL						

Social services Questionnaire Budget Sheet

Expenditures

Name of Agency	Total Agency Budget				List how the agency program(s) would use City of Round Rock Social services Funds.	
	A. Proposed Agency Budget for 2010-2011	B. Current Budget for 2009-2010	C. Adopted Agency Budget for 2008-2009 (as shown in last application)	D. Actual For 2007-2008	E. Program #1	F. Program #2
Agency Personnel						
Supplies						
Telephone						
Utilities						
Rent						
Misc. (postage printing, etc.)						
Transportation						
Conferences						
Professional & Membership Fees						
Subscriptions						
Insurance						
Client Rent/Shelter						
Client Utilities						
Client Transportation						
Client Food						
Client Daycare						
Other (specify)						
Other (specify)						
Other (specify)						
TOTAL						

Line – Item Narrative Description

Social Services Application

Agency Personnel Budget Form

Staff Position	**No. of Positions**	**Salary Level or Pay Range**

City of Round Rock – Office of Community Development

Qualifying Income Limits for Federally Assisted Programs

FY 2009 Income Limits Documentation System

FY 2009 Income Limits Summary

Austin-Round Rock, TX MSA

FY 2009 Income Limit Area	Median Income	FY 2009 Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Austin-Round Rock, TX MSA	$73,300	Very Low (50%) Income Limits	$25,650	$29,300	$33,000	*$36,650*	$39,600	$42,500	$45,450	$48,400
		Extremely Low (30%) Income Limits	$15,400	$17,600	$19,800	*$22,000*	$23,750	$25,500	$27,300	$29,050
		Low (80%) Income Limits	$41,050	$46,900	$52,800	*$58,650*	$63,350	$68,050	$72,750	$77,400

The **Austin-Round Rock, TX MSA** contains the following areas: Bastrop County, TX ; Caldwell County, TX ; Hays County, TX ; Travis County, TX ; and Williamson County, TX .

Income Limit areas are based on FY 2009 Fair Market Rent (FMR) areas. For a detailed account of how this area is derived please see our associated FY 2009 Fair Market Rent documentation system.

Data file last updated **Tue., Mar 10, 2009**

City of Round Rock, Office of Community Development

Social services Application Annual Beneficiary Report
NAME OF AGENCY:

NAME OF PROGRAM:

1. Total number of persons and households assisted.

	FY 07-08 10/1/07 – 9/30/08	FY 08-09 10/1/08 – 9/30/09	FY 09-10 10/01/09- 09/30/10	FY 10/11 projection
Total Number of Persons Assisted				
Total Number of Households Assisted				

2. Income Categories for Persons or Households Assisted:

INCOME CATEGORIES	PERSONS				HOUSEHOLDS			
	07-08	08-09	09-10	10-11	07-08	08-09	09-10	10-11
Moderate Income								
Low Income								
Very Low Income								
Extremely Low Income								
Total Assisted								

3. Ethnicity of Persons or Households Assisted:

ETHNICITY	B. PERSONS				C. HOUSEHOLDS			
	07-08	08-09	09-10	10-11	07-08	08-09	09-10	10-11
Hispanic or Latino								
Not Hispanic or Latino								
Total Assisted								

4. Race of Persons or Households Assisted:

RACE	D. *PERSONS*				E. *HOUSEHOLDS*			
	07-08	08-09	09-10	10-11	07-08	08-09	09-10	10-11
American Indian or Alaska Native								
Asian								
Black or African American								
Native Hawaiian or Other Pacific Islander								
White								
American Indian or Alaska Native *and* White								
Asian *and* White								
Black or African American *and* White								
American Indian or Alaska Native *and* Black or African American								
Other Multi-racial								
Total Assisted								

5. Number of Persons or Households (hhs) who were disabled

	FY 07-08 10/1/07 – 9/30/08	FY 08-09 10/1/08 – 9/30/09	FY 09-10 projection	FY 10-11 projection
Number of persons from disabled hhs assisted				
Number of disabled households assisted				

6. Number of Persons or Households who were Female Head of Household:

	FY 07-08 10/1/07 – 9/30/08	FY 08-09 10/1/08 – 9/30/09	FY 09-10 projection	FY10-11 projection
Number of persons from hhs headed by females who were assisted				
Number of female heads of household assisted				

_____
_____
Name of Person Submitting Report   Date

ATTACHMENT 1

City of Round Rock Funding Criteria

- National Objective – project must meet a National Objective.

- Consolidated Plan – project must be a priority identified in the 2009-2013 Consolidated Plan.

- Outcome Statements – agency must link an objective to an outcome that meets the goals of the project.

- Project / Activity – reasonable efficiency in project management and reasonable adequacy of resources, both in materials and personnel (voluntary and paid) to sustain a quality level of service.

- Funding Agreement – agency must be willing to enter into an agreement that meets a public purpose based on the needs of low and moderate income persons and families.

- Service Area – provide services to the City of Round Rock low and moderate income residents on an annual basis.

- Board – an active, representative voluntary governing body, with regular meetings and with policy setting authority.

- Purpose and Structure – mission statement, specific organization goals, specific target population(s) and a focus on low and moderate income persons.

- Procedures – procedures and communications that present a positive community image in the conduct of project delivery, publicity, promotion, and solicitation of funds.

- Ethics – maintain a high standard of ethics.

- Compliance with Federal Requirements – agency will comply with all federal requirements associated with being a recipient of Community Development Block Grant funds.

2010 Funding Process Timeline

03/05/10   Grant Workshop

03/04/10   Public Hearing on Community Needs by Community Development Advisory Commission

03/11/10   Public Hearing on Community Needs by City Council

03/26/10   Applications due by 4:00 PM

04/01/10   Agency presentations for new programs to Community Development Advisory Commission
            Public Hearing on Community Needs

05/06/10   Funding recommendations by Community Development Advisory Commission

05/16/10   Notice of 30 Day Comment Period on draft plan published

06/01/10   30 Day Comment Period on Draft 1st Program Year Action Plan (2010-2011 Annual Plan)

06/03/10   Public hearing on draft plan by Community Development Advisory Commission

06/24/10   Public hearing on draft plan by City Council

07/03/10   End of 30 Day Comment Period

07/08/10   Resolution to adopt draft plan by City Council

07/22/10   Alternate date for Council action on resolution

08/15/10   Deadline for draft plan submittal to HUD
            15 Day Comment Period by HUD begins

09/30/10   Last day for notification of plan acceptance by HUD

10/01/10   Start of new fiscal year/plan implementation

10/16/10   Signed agreements due from Agencies

10/28/10   First Reading on ordinance adopting CDBG budget by City Council

11/23/10   Second Reading on ordinance adopting CDBG budget by City Council
            Resolutions to adopt Agency agreements considered by City Council

11/29/10   Funding agreements signed by Mayor *(Note: Funding agreements will not be released until the City has received notice from HUD that funds are available.)*

ATTACHMENT 3

ATTACHMENT 4
National Objectives Code Descriptions

Code	Description	24 CFR Citation
LMA	Low/mod area benefit: the service area identified for activities is primarily low/mod income.	570.208(a)(1)
LMAFI	Low/mod area benefit, Community Development Financial Institution (CDFI): activities that are carried out by a CDFI for the purpose of creating or retaining jobs which the grantee may elect to consider as meeting the low/mod area benefit criteria.	570.208(d)(6)(i)
LMASA	Low/mod area benefit, Neighborhood Revitalization Strategy Area: activities that are carried out for the purpose of creating or retaining jobs pursuant to a HUD-approved Neighborhood Revitalization Strategy which the grantee may elect to consider as meeting the low/mod area benefit criteria.	570.208(d)(5)(i)
LMC	Low/mod limited clientele benefit: activities that benefit a limited clientele, at least 51% of which are low/mod income.	570.208(a)(2)
LMCMC	Low/mod limited clientele, Microenterprise: microenterprise activities that are carried out under 24 CFR 570.201(o) and the owner(s)/developer(s) are low/mod income.	570.208(a)(2)(iii)
LMCSV	Low/mod limited clientele, Job service benefit: activities designed to provide only job training, placement and/or support services in which the percentage of low/mod persons assisted is less than 51%, but the proportion of the total cost paid by CDBG does not exceed the proportion of the total number of persons assisted who are low/mod.	570.208(a)(2)(iv)
LMH	Low/mod housing benefit: activities that are carried out for the purpose of providing or improving permanent residential structures that will be occupied by low/mod income households.	570.208(a)(3)
LMHSP	Low/mod housing benefit, CDFI or Neighborhood Revitalization Strategy Area: activities that are carried out for the purpose of providing or improving permanent residential structures by a CDFI or pursuant to a HUD-approved Neighborhood Revitalization Strategy (NRS) which the grantee elects to aggregate and consider a single structure for purposes of determining national objective compliance. For example, if two single family homes were rehabilitated in an NRS, they may be considered a single structure and at least one must be occupied by a low/mod household; if ten single family homes were assisted, at least 6 (51%) must be occupied by low/mod households.	570.208(d)(5)(ii) and (d)(6)(ii)
LMJ	Low/mod job creation/retention: activities designed to create or retain permanent jobs, at least 51% of which will involve the employment of low/mod persons.	570.208(a)(4)
LMJFI	Low/mod job creation/retention, Public facility/improvement benefit: activities where a public facility/improvement is undertaken principally for the benefit of one or more businesses that will result in the creation/retention of jobs.	570.208(a)(4)(vi)(F)
LMJP	Low/mod Job creation, location based: activities where a job is held by or made available to a low/mod person based on the location of the person's residence or the location of the assisted business.	570.208(a)(4)(iv)
SBA	Slum/blight area benefit: activities that address prevention or elimination of slums or blight in a designated area.	570.208(b)(1)
SBR	Slum/blight in an urban renewal area: activities that address prevention or elimination of slums or blight in an urban renewal area in which activities were authorized under an Urban Renewal Loan and Grant Agreement and are necessary to complete the urban renewal plan.	570.208(b)(3)
SBS	Slum/blight spot basis: activities that address conditions of blight or physical decay on a spot basis not located in a slum/blight area.	570.208(b)(2)
URG	Urgent need: activities that are designed to alleviate existing conditions of recent origin that pose a serious/immediate threat to the health/welfare of the community, and the grantee is unable to finance the activity on its own nor are other funds available.	570.208(c)